

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
18 AUG 13 AM 11:17
MACOMB COUNTY CLERK
HUNTSVILLE, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

This Statement covers From: 01/01/2018 To: 07/22/2018
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number 139410-0</p> <p>2. Committee Name CTE LEON DROLET</p>	<p>4. Candidate Last Name Drolet</p> <p>First Name Leon</p> <p>M.I. M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) To Be Determined</p> <p>4b. County of Residence Driver License # (Optional)</p>
<p>5. Committee's Mailing Address 46116 Lookout Drive Macomb MI 48044 Area Code and Phone _____</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name & Residential Address Suzanne Waltman 22615 Francis Street St. Clair Shores MI 48082 Area code & Phone (586) 214-6988 Driver License # (Optional) _____</p>
<p>7. Treasurer's Business Address Area Code and Phone _____</p>	<p>8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code and Phone _____ Driver License # (Optional) _____</p>

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/07/2018

Month Day Year

9c. ☐ Annual Statement (____ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee
Effective Date of Dissolution

Mon Day Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Recordkeeper Suzanne Waltman
Type or Print Name

Signature

Date 08/13/2018
Mo Day Year

Candidate Leon Drolet
Type or Print Name

Signature

Date 08/13/2018
Mo Day Year

Authority granted under P.A. 388 of 1976



**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	10325.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	0.00	
c. Subtotal of "Contributions"	(3c.) \$	10325.00	(18.) \$ 10375.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	0.00	(19.) \$ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	10325.00	(20.) \$ 10375.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 14K, Column 7)	(6.) \$	0.00	(21.) \$ 0.00
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$	0.00	(22.) \$ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	2160.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	2160.00	(23.) \$ 2225.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0.00	(24.) \$ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	465.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	666.64	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) +	10325.00	
15. SUBTOTAL Add Lines 13 and 14	(15.) =	10991.64	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	2160.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	8831.64	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2018</u></p> <p>Name: <u>Jennifer Gratz</u> Address: <u>12811 Commerce Lakes Drive</u> <u>Fort Myers FL 33913</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Brewmaster</u> Employer <u>Fort Meyers Brewing Co.</u></p> <p>Business Address <u>12811 Commerce Lakes Drive</u> <u>Fort Myers FL 33913</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	500.00	500.00
<p>3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2018</u></p> <p>Name: <u>Sandra Kasiewicz</u> Address: <u>2115 Avondale</u> <u>Sylvan Lake MI 48320</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>NONE</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2018</u></p> <p>Name: <u>Stanley Kasiewicz</u> Address: <u>1807 Harvest Lane</u> <u>Bloomfield Hills MI 48302</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>NONE</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	1000.00	1000.00
<p>3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2018</u></p> <p>Name: <u>David Littmann</u> Address: <u>10576 W. Braemar</u> <u>Holly MI 48442</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>NONE</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	25.00	25.00
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>	2525.00	

Enter this total on
line 3a of
Summary Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/2018</u> Name: <u>Andy Walker</u> Address: <u>21750 Eastbook Court</u> <u>Grosse Pointe Woods MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Dulce Fuller</u> Address: <u>255 Pierce Street</u> <u>Birmingham MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>self-employed</u> Employer <u>NONE</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Greater Metro Assn of Realtors</u> Address: <u>24725 W. 12 Mile Road</u> <u>Suite 100</u> <u>Southfield MI 48304</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Thomas Guastello</u> Address: <u>34120 Woodward</u> <u>Birmingham MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>SELF-EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
Page Subtotal	2500.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Andrea Kasiewicz</u> Address: <u>3541 RFD</u> <u>Long Grove IL 60047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>NONE</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Samier Khalil</u> Address: <u>34217 Fairfax Ct</u> <u>Livonia MI 48152</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>none</u> Employer <u>NONE</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Jerome Kohel</u> Address: <u>5544 Gull Prairie Way</u> <u>Kalamazoo MI 49048</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer <u>NONE</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Kurt O'Keefe</u> Address: <u>1593 Torrey Road</u> <u>Grosse Pointe Woods MI 48236</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal	2250.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>Steve Thomas</u> Address: <u>17671 Cranbrook Dr</u> <u>Northville MI 48168</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>SELF-EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/20/2018</u> Name: <u>William Volz</u> Address: <u>3846 Wedgewood Dr</u> <u>Bloomfield Hills MI 48301</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	500.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2018</u> Name: <u>Rod Lockwood</u> Address: <u>7777 Franklin Road</u> <u>Southfield MI 48034</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>business owner</u> Employer <u>SELF-EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2018</u> Name: <u>Don Moran</u> Address: <u>P.O. Box 540</u> <u>St. Clair Shores MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self employed</u> Employer <u>SELF-EMPLOYED</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	250.00	250.00
Page Subtotal	1950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139410-0

2. Committee Name CTE LEON DROLET

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2018</u> Name: <u>D. Joseph Olson</u> Address: <u>4401 Oak Point Dr.</u> <u>Brighton MI 48116</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>None</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/22/2018</u> Name: <u>James Rodney</u> Address: <u>19100 W. Eight Mile</u> <u>Southfield MI 48075</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Signarama</u> Business Address <u>1017 Naughton Drive</u> <u>Troy MI 48083</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	1000.00	1000.00

Page Subtotal

1100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

10325.00

Enter this total on
line 3a of
Summary Page